



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: L & H Enterprises LLP
2. If previously filed a statement of partnership, the name used in that statement is: _____
- The date it was filed with the Idaho Secretary of State's Office was: _____
3. The street address of the limited liability partnership's chief executive office is: 2000 E 27 North; Mountain Home, ID 83647
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
5. The mailing address for future correspondence is: P. O. Box 264; Mountain Home, ID 83647
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) Leola M. Jackson

Typed Name Leola M. Jackson

2) Harold E. Jackson

Typed Name Harold E. Jackson

3) _____

Typed Name _____

Secretary of State use only

g:\appforms\qualify p65 Revised 01/2001

IDAHO SECRETARY OF STATE
07/14/2004 05:00
CK: 1184 CT: 188661 BH: 755411
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

J 1164